

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000077410

FILED
Apr 22, 2004
Secretary of State

Entity Name: ATLAS WORLDWIDE LEASING, INC.

Current Principal Place of Business:

8930 WESTERN WAY., STE 14
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8930 WESTERN WAY., STE 14
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3403249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONEBURNER, GRESHAM R
STONEBURNER BERRY & SIMMONS
1 INDEPENDENT DR STE#2000
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: DUMOND, DONALD M
Address: 12236 MESA VERDE TRAIL
City-St-Zip: JACKSONVILLE, FL 32223

Title: PD () Delete
Name: DUMOND, BETH W
Address: 12236 MESA VERDE TRAIL
City-St-Zip: JACKSONVILLE, FL 32223

Title: D (X) Delete
Name: WATKINS, L C
Address: P.O. BOX 73
City-St-Zip: SCALY MOUNTAIN, NC 28775

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: DUMOND, DONALD M
Address: 500 BRONZE BRANCH CT.
City-St-Zip: JACKSONVILLE, FL 32259

Title: PD (X) Change () Addition
Name: DUMOND, BETH W
Address: 500 BRONZE BRANCH CT.
City-St-Zip: JACKSONVILLE, FL 32259

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH W. DUMOND

PRES

04/22/2004

Electronic Signature of Signing Officer or Director

Date